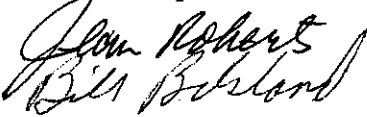


TITLE: Community Care  
EFFECTIVE DATE: September 1, 1997  
DISTRIBUTION: Administration/Business Office  
REVISED: 8/24/05  
FORMULATED BY: Linda Thompson  
APPROVED BY: 

RECEIVED  
AUG 26 2005  
DEPARTMENT OF HEALTH  
Center for Health Statistics

Mark Reed Hospital has adopted the name "Community Care" to replace the traditional "Charity Care."

Mark Reed Hospital is committed to the provisions of health care services to all persons in need of medical attention regardless of ability to pay. In order to protect the integrity of operations and fulfill this commitment, the following criteria for the provisions of charity care, consistent with the requirements of Washington WAC, are established. These criteria will assist staff in making consistent and objective decisions regarding eligibility for Community Care while ensuring the maintenance of a sound financial base.

#### ELIGIBILITY CRITERIA

Community Care is generally secondary to all other financial resources available to the patient, including group or individual medical plans, worker's compensation, Medicare, Medicaid or medical assistance programs, other state, federal or military programs, third party liability situations (e.g., auto accidents or personal injuries), or any other situation in which another person or entity may have a legal responsibility to pay for the costs of medical services.

If the patient, has no insurance, and has medical expenses in excess of \$2,000, we will review the Medicaid Eligibility Work Sheet provided to us by DSHS to access his/her eligibility for Medicaid. (Work Sheet attached to this policy.) Amounts less than \$2,000 will not be considered by the Department of Social and Health Services, therefore we will not require the patient to apply for aid.

In those situations where appropriate primary payment sources are not available, patients will be considered for Community Care under this hospital's policy based on the following criteria as calculated for the 12 months prior to the requested date.

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- A. The full amount of the hospital charges will be determined to be Community Care for any patient whose gross family income is at or below 150% of the current federal poverty guidelines.
- B. The attached sliding fee schedule will be used to determine the amount which will be written off for the patients with incomes between 150% and 300% of the current federal poverty level.

CATASTROPHIC COMMUNITY CARE

The hospital may also write off as Community Care amounts for patients with family income in excess of 300% of the federal poverty standards or at a higher percentage for those above 150% of the poverty guidelines, when circumstances indicate severe financial hardship or personal loss. This will be done only upon recommendation by the patient account representative or Business Office Manager with adequate justification, and only upon approval by Administration and the hospital's board of Commissioners.

PROCESS FOR ELIGIBILITY DETERMINATION

Initial Determination: The hospital will use an application process for determining initial interest in and qualification for Community Care. In the event the patient does not have documentation required, we will solicit his/her written and signed statement that he/she is an indigent person. Should patients not choose to apply for Community Care, they will not be considered for Community Care unless other circumstances become known to the hospital.

Pending final eligibility determination, the hospital will not initiate collection efforts or requests for deposits, provided that the responsible party is cooperative with the hospital's efforts to reach a determination of sponsorship status, including return of the applications and documentation within fourteen (14) days of receipt.

Community Care instructions, and written applications will be furnished to patients when Community Care is requested, when need is indicated, or when financial screening indicates potential need. All applications, whether initiated by the patient or the hospital, should be accompanied by documentation to verify income amounts indicated on the application form. In the event that the responsible party is not able to provide any of the documentation described above, the hospital shall rely upon written and signed statements from the responsible party for making a final determination of eligibility for classification as an indigent person.

**If a patient presents to the hospital for services, and does not have a mailing or street address, the person is homeless, we will use the nursing and/or registration clerks documentation of that fact to process the Community Care Application for the patient.**

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One or more of the following types of documentation may be accepted for purposes of verifying income:

1. W-2 withholding statements for all employment during the relevant time period.
2. Copies of current pay stubs from all employment.
3. An income tax return from the most recently-filed calendar year.
4. Forms approving or denying eligibility for Medicaid and/or state-funded medical assistance for amounts more than \$2,000.00 per three (3) month period or Medicaid Eligibility Work Sheet indicating patient would not be eligible.
5. Forms approving or denying unemployment compensation.
6. Written statements from employers or welfare agencies.

Income will be annualized from the date of application based upon documentation provided and upon verbal information provided by the patient. The annualization process will be determined by the hospital and will take into consideration seasonal employment and temporary increases and/or decreases of income.

Time Frame for Determination: the hospital will provide final determination within fourteen (14) days of receiving their information. The form will state the amount the patient is responsible for and the amount to be forgiven.

Denials: Denials will be written and include instructions for appeal or reconsideration as follows: the patient/guarantor may appeal the determination of eligibility for Community Care by providing additional verification of income or family size to the business office manager within fourteen (14) days of receipt of notification. The business office manager and the administrator will review all appeals. If this determination affirms the previous denial of Community Care, written notification will be sent to the patient/guarantor and the Department of Health in accordance with state law.

DOCUMENTATION AND RECORDS:

Confidentiality: All information relating to the application will be kept confidential. Copies of documents that support the application will be kept with the application form.

Documents pertaining to Community Care will be retained for six (6) years.

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NOTIFICATION:

Public Notification: The hospital's Community Care policy will be publically available through the posting of a sign and the distribution of written materials indicating the policy to patients. The hospital finds that no non-English translations of this document will be made available because there is not a non-English population in the area greater than 10% of the total population at this time.

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REVIEWED BY:	Jean Roberts
REVISED BY:	Linda Thompson
DATE:	August 24, 2005